

Flathead County

Planning & Zoning
1035 1st Ave W, Kalispell, MT 59901 Telephone 406.751.8200 Fax 406.751.8210

MAJOR SUBDIVISION PRELIMINARY PLAT APPLICATION

Submit this application, all required information, and appropriate fee (see current fee schedule) to the Planning & Zoning office at the address listed above.

	FEE ATTACHED \$ 1085.00+ 75.00
SUBDIVISION NAME: Knoll Subdivision No. 2	
OWNER(S) OF RECORD:	
Name:Steven and Patricia Knoll	Phone: (406) 261-8889 (Tricia)
Mailing Address: 15 Wildman Way	
City, State, Zip: Kalispell, MT 59901	
Email:triciaknoll@hotmail.com	
APPLICANT (IF DIFFERENT THAN ABOVE):	
Name: _Same_	_ Phone:
Mailing Address:	
City, State, Zip Code:	
Email:	
City, State, Zip: <u>Kalispell, MT 59901</u>	
Email: <u>eric@sandssurveying.com</u>	
D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Phone: <u>(406) 755-6481</u>
LEGAL DESCRIPTION OF PROPERTY:	
Street Address15 Wildman Way	
City/State & Zip <u>Kalispell, MT</u>	
Assessor's Tract No.(s) Lot No.(s)_Lot	
Section 6 Township 28N	

Total Acreage in Streets or Roads _n/a Maximum Size of Lots or Spaces _16.82 ac Total Acreage in Parks, Open Spaces and/or Common Areas _None proposed. PROPOSED USE(S) AND NUMBER OF ASSOCIATED LOTS/SPACES: Single Family _X (4 Lots) Townhouse Mobile Home Park Duplex Apartment Recreational Vehicle Park Commercial Industrial Planned Unit Development Condominium Multi-Family Other APPLICABLE ZONING DESIGNATION & DISTRICT: _None S SUBJECT PROPERTY LOCATED WITHIN 3-MILE BUFFER OF KALISPELL, WHITEFISH, OR COLUMBIA FALLS? No ESTIMATE OF MARKET VALUE BEFORE IMPROVEMENTS: _\$18,500.00 per acre MPROVEMENTS TO BE PROVIDED: Roads:Gravel _X_PavedCurb Gutter Sidewalks Alleys Other Water System: Individual Shared X_ Multiple User Public Sewer System: Individual Shared Multiple User Public Where Tuilities: Cable TV Telephone X_ Electric Gas Other	Total Acreage in Lots 19.37 ac Minimum Size of Lots or Spaces _0.85 ac
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FROFOSED EROSION/SEDIMENTATION CONTROL: As needed	PROPOSED EROSION/SEDIMENTATION CONTROL: As needed
	VARIANCES: ARE ANY VARIANCES REQUESTED? No (yes/no)

SECTION/REGULATION OF REGULATIONS CREATING HARDSHIP:) EXPLAIN THE HARDSHIP THAT WOULD BE CREATED WITH STRICT COMPLIANCE OR REGULATIONS:	
PLEASE ANSWER THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED BELOW: 1. The variance will not be detrimental to the public health, safety, or general welfare of injurious to other adjoining properties.	
 Due to the physical surroundings, shape, or topographical conditions of the propert involved, strict compliance with the regulations will impose an undue hardship on the owner. Undue hardship does not include personal or financial hardship, or any hardship that is self-imposed. 	
3. The variance will not cause a substantial increase in public costs, now or in the future.	
4. The variance will not place the subdivision in nonconformance with any adopted growt policy, neighborhood plan or zoning regulations.	
5. The variance is consistent with the surrounding community character of the area.	

APPLICATION CONTENTS:

- 1. Completed Preliminary Plat application (If submitting bound copies of the application materials, please also include one <u>unbound</u> copy for replication purposes).
- 2. 14 folded copies of the preliminary plat. (Either 18" X 24" or 24" X 36" per Appendix B- Flathead County Subdivision Regulations).
- 3. One reproducible set of supplemental information (See Appendix B -Flathead County Subdivision Regulations).
- 4. One reduced copy of the preliminary plat not to exceed 11" x 17" in size.
- 5. Application fee.
- 6. A <u>Certified</u> Adjoining Property Owners List must be submitted with the application (see attached form). The list will be sent directly to the Planning & Zoning office, unless you request otherwise. This list is valid for a period of 6 months from date generated. You may also get a certified adjoining landowners list from a title company if you choose.

This application shall be submitted, along with all information required by the applicable Subdivision Regulations and the Montana Subdivision and Platting Act, and the appropriate fee to:

Flathead County Planning & Zoning Office 1035 First Avenue West Kalispell, Montana 59901 - Phone: (406) 751-8200 Fax: (406) 751-8210

I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other submitted forms, documents, plans or any other information submitted as a part of this application, to be true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application be untrue, I understand that any approval based thereon may be rescinded and other appropriate action taken. The signing of this application signifies approval for the Flathead County Planning and Zoning staff to be present on the property for routine monitoring and inspection during the approval and development process.

Applicant Signature

| 1/-30-21 |
| Date |
| Dat